Debtor 1 Jon Carl Franklin Piets Nime Last Name Last Name Debtor 2 Michaelann Bogert Debtor 2 Michaelann Bogert Debtor 3 Michaelann Bogert Destar	Fill	in this information to identify your case:			
Debtor 2 (Spouse it, Streigh) Frail Name Middle Name Last Name (Michaelann Bogert Frail Name Middle Name Last Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number 19-41287-ijt (Microen)					
Check if this is an armended filing					
Unlied States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN Case number 19-41287-tjt	l				
Case number 19-41287-tjt Check if this is an amended filling					
Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first, then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Uni	ted States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN			
Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Cas	se number 19-41287-tjt			
Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Ba as complete and accurate as possible. If two married people are filing together, both are equally responsible for supptying correct information. Fill out all of your achedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	(if kn	own)			
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first, then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1:				amend	ed filing
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1:					
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets	<u>Of</u>	ficial Form 106Sum			
Information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Your assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Su	mmary of Your Assets and Liabilities and Certain Statistical Information	'n	1:	2/15
1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 62, Total real estate, from Schedule A/B	info	rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing am			
1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Par	t 1: Summarize Your Assets			
1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B				Your as	sets
1a. Copy line 55, Total real estate, from Schedule A/B				√alue of	what you own
1c. Copy line 63, Total of all property on Schedule A/B	1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B		\$	0.00
Part 2: Summarize Your Liabilities 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D \$ 13,500.00 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F. \$ 0.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F. \$ 28,828.83 Your total liabilities \$ 42,328.83 Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J. Copy your monthly expenses from line 22c of Schedule J. Answer These Questions for Administrative and Statistical Records 6. Are you filling for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.		1b. Copy line 62, Total personal property, from Schedule A/B		\$	17,174.00
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D \$ 13,500.00 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		1c. Copy line 63, Total of all property on Schedule A/B		\$	17,174.00
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	Par	t 2: Summarize Your Liabilities			
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 13,500.00 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F					
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	2.		_	c	13 500 00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>		2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule I</i>	J	Φ	13,300.00
Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	3.			\$	0.00
Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		3b. Copy, the total claims from Part 2 (nonpriority unsecured claims) from line 6i of Schedule F/F		\$	28 828 83
Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		55. Copy the total claims from Fart 2 (nonphority unsecured claims) from line of or our care 27		Ψ	20,020.03
Part 3: Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		Your total liabili	ties \$		42 328 83
 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I					42,020.00
 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	Par	Summarize Your Income and Expenses			
Copy your combined monthly income from line 12 of Schedule I	ı aı				
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	4.			\$	4,562.00
Copy your monthly expenses from line 22c of Schedule J	_				
Part 4: Answer These Questions for Administrative and Statistical Records 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.	5.			\$	4,561.00
6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.	Dar				
No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.	rai	Answer These Questions for Auministrative and Statistical Records			
■ Yes	6.		h your o	her sch	edules.
		■ Yes			

What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1	Jon Carl Franklin
Debtor 2	Michaelann Bogert

Case number (if known) 19-41287-tjt

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,958.00

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	or 1	Jon Carl Franklin			
			Middle Name Last Name		
Debto	or 2 e, if filing)	Michaelann Bogert First Name	Middle Name Last Name		
Jnite	d States Ba	nkruptcy Court for the: EAST	ERN DISTRICT OF MICHIGAN		
Case	number _1	19-41287-tjt			Check if this is an amended filing
Offi	cial Fo	rm 106A/B			
Scl	hedul	e A/B: Property	I		12/15
nink it nform	fits best. Be	e as complete and accurate as po e space is needed, attach a separ	List an asset only once. If an asset fits in more than o possible. If two married people are filing together, both a ate sheet to this form. On the top of any additional page	re equally responsible for su	pplying correct
Part 1	Describe	Each Residence, Building, Land,	or Other Real Estate You Own or Have an Interest In		
Do	you own or h	nave any legal or equitable interes	st in any residence, building, land, or similar property?		
.	de Cotto D				
_	No. Go to Part				
יש	res. vvnere is	s the property?			
o yo	u own, leas one else driv		interest in any vehicles, whether they are registe report it on Schedule G: Executory Contracts and U hicles, motorcycles		ehicles you own that
o yo omed Ca	u own, leas one else driv rs, vans, tru No Yes	se, or have legal or equitable res. If you lease a vehicle, also ucks, tractors, sport utility vehicle.	report it on Schedule G: Executory Contracts and U hicles, motorcycles		·
o yo omed . Ca	u own, leas one else driv rs, vans, tru No Yes	se, or have legal or equitable l	report it on Schedule G: Executory Contracts and U hicles, motorcycles Who has an interest in the property? Check one	Do not deduct secured cl	aims or exemptions. Put d claims on <i>Schedule D:</i>
o yo omed Ca	u own, leas one else driv rs, vans, tru No Yes Make:	se, or have legal or equitable res. If you lease a vehicle, also ucks, tractors, sport utility vehicle.	report it on Schedule G: Executory Contracts and U hicles, motorcycles	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	aims or exemptions. Put ed claims on <i>Schedule D:</i> ms Secured by Property.
o yo omed Ca	u own, leas one else driv rs, vans, tru No Yes Make: Model: Year: Approximate	Jeep Sport 2011 e mileage: 100,561	who has an interest in the property? Check one	Do not deduct secured cl	aims or exemptions. Put d claims on <i>Schedule D:</i>
omed . Ca □ I	u own, leas one else driv rs, vans, tru No Yes Make: Model: Year:	Jeep Sport 2011 e mileage: 100,561	who has an interest in the property? Check one Debtor 1 only Debtor 2 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the
o yo omed . Ca	u own, leas one else driv rs, vans, tru No Yes Make: Model: Year: Approximate	Jeep Sport 2011 e mileage: 100,561	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ms Secured by Property. Current value of the
o yo omed Ca	u own, leas one else driv rs, vans, tru No Yes Make: Model: Year: Approximate Other inform	Jeep Sport 2011 e mileage: 100,561 nation:	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,500.00	aims or exemptions. Put ed claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$9,500.00
o yoo	u own, leas one else driv rs, vans, tru No Yes Make: Model: Approximate Other inform Make: Model:	Jeep Sport 2011 e mileage: 100,561 nation:	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one Debtor 1 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put ed claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$9,500.00
o yoo	wown, lease one else drivers, vans, truendres Make: Model: Year: Approximate Other inform Make: Model: Year: Model: Year: Model: Year:	Jeep Sport 2011 e mileage: 100,561 nation:	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,500.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. Put ad claims on Schedule D: Ims Secured by Property. Current value of the portion you own? \$9,500.00 aims or exemptions. Put ad claims on Schedule D: Ims Secured by Property. Current value of the
o yoo	wown, lease one else drivers, vans, truendres Make: Model: Year: Approximate Model: Year: Model: Year: Approximate Approximate	Se, or have legal or equitable ves. If you lease a vehicle, also ucks, tractors, sport utility velocity velocit	who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one Debtor 1 and Debtor 2 only Check if this is community property (see instructions)	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,500.00 Do not deduct secured of the amount of any secure Creditors Who Have Clair	aims or exemptions. Put ted claims on Schedule D: the Secured by Property. Current value of the portion you own? \$9,500.00 aims or exemptions. Put ted claims on Schedule D: the Secured by Property.
Oo yoo omed	wown, lease one else drivers, vans, truendres Make: Model: Year: Approximate Other inform Make: Model: Year: Model: Year: Model: Year:	Se, or have legal or equitable eves. If you lease a vehicle, also ucks, tractors, sport utility vehicles, also ucks, tractors, sport utility vehicles. Jeep Sport 2011 e mileage: 100,561 nation: Ford Echo Sport 2018 e mileage: 2,200 nation:	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,500.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the	aims or exemptions. Put ad claims on Schedule D: Ims Secured by Property. Current value of the portion you own? \$9,500.00 aims or exemptions. Put ad claims on Schedule D: Ims Secured by Property. Current value of the
Ca	wown, lease one else drivers, vans, truendres Make: Model: Year: Approximate Model: Year: Model: Year: Approximate Other inform	Se, or have legal or equitable eves. If you lease a vehicle, also ucks, tractors, sport utility vehicles, also ucks, tractors, sport utility vehicles. Jeep Sport 2011 e mileage: 100,561 nation: Ford Echo Sport 2018 e mileage: 2,200 nation:	who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,500.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?	aims or exemptions. Put ad claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$9,500.00 aims or exemptions. Put ad claims on Schedule D: ims Secured by Property. Current value of the portion you own?
3.1	wown, lease one else drivers, vans, truendre else drivers, vans, truendre else drivers, vans, truendre else drivers, vans, truendre else drivers else else else else else else else e	See, or have legal or equitable eyes. If you lease a vehicle, also ucks, tractors, sport utility vehicles, tractors, sport utility vehicles. Jeep Sport 2011	who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$9,500.00 Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$1.00	aims or exemptions. Put ad claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$9,500.00 aims or exemptions. Put ad claims on Schedule D: ims Secured by Property. Current value of the portion you own?

	Debtor 1 Debtor 2	Jon Carl Fra Michaelann E		Case number (if known)	19-41287-tjt
5			the portion you own for all of your entries from Part 2, ind for Part 2. Write that number here		\$9,501.00
Р	art 3: Des	scribe Your Persor	nal and Household Items		
D	o you ow	vn or have any le	gal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Example No	old goods and fu es: Major appliand Describe	urnishings ces, furniture, linens, china, kitchenware		
			Household Goods & Furnishings		\$2,000.00
7.	■ No	es: Televisions ar	nd radios; audio, video, stereo, and digital equipment; compu phones, cameras, media players, games	uters, printers, scanners; music c	ollections; electronic devices
8.	Example No		figurines; paintings, prints, or other artwork; books, pictures, ns, memorabilia, collectibles	or other art objects; stamp, coin,	or baseball card collections;
9.	Example No	ent for sports an es: Sports, photog musical instru Describe	graphic, exercise, and other hobby equipment; bicycles, pool	I tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
10	■ No		, shotguns, ammunition, and related equipment		
11	□ No		thes, furs, leather coats, designer wear, shoes, accessories		
			Clothing		\$1,000.00
12	□ No		velry, costume jewelry, engagement rings, wedding rings, he	irloom jewelry, watches, gems, ξ	old, silver
			Jewelry		\$500.00
13	Examp □ No	rm animals oles: Dogs, cats, b	pirds, horses		
	■ Yes.	Describe	4 Dow		\$50.00
			1-Dog		φου.υυ

	ebtor 1 ebtor 2	Jon Carl Frai Michaelann E					Case number (if known)	19-41287-tjt
14.	Any ot ■ No	her personal and	d househ	old items you di	id not already lis	st, including any hea	alth aids you did not list	
		Give specific info	ormation.					
15						g any entries for pa	ges you have attached	\$3,550.00
Pa	rt 4: De	scribe Your Financ	ial Asset	S			'	
Do	o you ov	vn or have any le	egal or e	quitable interest	in any of the fol	lowing?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	oles: Money you h					and when you file your petition	on
	Examp					es of deposit; shares institution, list each.	in credit unions, brokerage h	nouses, and other similar
	□ No ■ Yes				Institutio	on name:		
			17.1.	Checking	Huntin	ngton Bank		\$48.00
			17.2.	Checking	Huntin	ngton Bank		\$75.00
18.	_Examp	, mutual funds, c oles: Bond funds,				money market accou	nts	
	■ No □ Yes			Institution or issue	er name:			
19.	joint v	ublicly traded sto renture	ock and i	nterests in inco	rporated and un	incorporated busine	esses, including an interes	t in an LLC, partnership, and
	■ No □ Yes.	Give specific info		about themne of entity:			% of ownership:	
20.	Negoti Non-n	iable instruments	include p	ersonal checks, c	ashiers' checks,	n-negotiable instrum promissory notes, an one by signing or deli	nd money orders.	
	■ No □ Yes.	Give specific info		bout them er name:				
21.		ment or pension ples: Interests in II			, 403(b), thrift sav	vings accounts, or oth	her pension or profit-sharing	plans
	☐ Yes.	List each account		ely. of account:	Institutio	on name:		
22.	Your s Examp		d deposit	s you have made		continue service or us (electric, gas, water),	se from a company telecommunications compar	nies, or others
	■ No □ Yes.				Institutio	on name or individual	l:	

Debtor 1 Debtor 2	Jon Carl Franklin Michaelann Bogert		Ca	ase number (if known)	19-41287-tjt
23. Annu I No	ities (A contract for a periodic pay	ment of money to you, either for life	or for a number of y	ears)	
	lssuer name and c	lescription.			
	sts in an education IRA, in an ac 6.C. §§ 530(b)(1), 529A(b), and 529	count in a qualified ABLE program (b)(1).	m, or under a qual	fied state tuition pro	gram.
☐ Yes	Institution name a	nd description. Separately file the re	cords of any interes	ts.11 U.S.C. § 521(c):	
25. Trust : ■ No	s, equitable or future interests ir	property (other than anything lis	sted in line 1), and	rights or powers exe	cisable for your benefit
☐ Yes	s. Give specific information about t	nem			
Exan ■ No		e secrets, and other intellectual p sites, proceeds from royalties and li		5	
Exan ■ No	,	censes, cooperative association hol	dings, liquor license	es, professional license	es
☐ Yes	s. Give specific information about t	hem			
Money o	r property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	efunds owed to you Give specific information about the	nem, including whether you already	filed the returns and	the tax years	
		2018 Anticipated Tax Refun	nds (est)	Federal and stat	e \$4,000.00
Exam ■ No □ Yes	s. Give specific information	ny, spousal support, child support, n urance payments, disability benefits, nade to someone else			
☐ Yes	s. Give specific information				
	ests in insurance policies nples: Health, disability, or life insur	rance; health savings account (HSA); credit, homeowne	er's, or renter's insuran	се
	s. Name the insurance company of Company		Beneficiary	:	Surrender or refund value:
If you some	nterest in property that is due you are the beneficiary of a living trustone has died. Give specific information	u from someone who has died c, expect proceeds from a life insura	nce policy, or are cu	urrently entitled to rece	ive property because

	tor 1 tor 2	Jon Carl Franklin Michaelann Bogert		Case number (if known)	19-41287-tjt			
_	 Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No 							
	Yes.	Describe each claim						
34.	Other c	ontingent and unliquidated claims of every nature, inclu	ding counterclaims o	of the debtor and rights to	set off claims			
	No							
L	J Yes.	Describe each claim						
_		ancial assets you did not already list						
	■ No I Yes.	Give specific information						
36.		ne dollar value of all of your entries from Part 4, including rt 4. Write that number here			\$4,123.00			
Part	5: Des	cribe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	te in Part 1.				
37. D	o you o	wn or have any legal or equitable interest in any business-relate	d property?					
_		to Part 6.						
	Yes. G	o to line 38.						
Part		cribe Any Farm- and Commercial Fishing-Related Property You u own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	t In.				
46. I	Do you	own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?				
	No. 0	Go to Part 7.						
	☐ Yes.	Go to line 47.						
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above					
		have other property of any kind you did not already list? les: Season tickets, country club membership						
	No							
	Yes. (Give specific information						
54.	Add tl	ne dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00			
Part	8:	List the Totals of Each Part of this Form						
55.	Part 1	: Total real estate, line 2			\$0.00			
56.	Part 2	: Total vehicles, line 5	\$9,501.00					
57.	Part 3	: Total personal and household items, line 15	\$3,550.00					
58.	Part 4	: Total financial assets, line 36	\$4,123.00					
59.		: Total business-related property, line 45	\$0.00					
60.		: Total farm- and fishing-related property, line 52	\$0.00					
61.	Part 7	: Total other property not listed, line 54 +	\$0.00					
62.	Total	personal property. Add lines 56 through 61	\$17,174.00	Copy personal property to	otal \$17,174.00			
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$17,174.00			

Fill in this information to identify your case:							
Debtor 1	Jon Carl Franklin						
	First Name	Middle Name	Last Name		I		
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name		I		
United States E	Bankruptcy Court for the:	EASTERN DISTRICT O	OF MICHIGAN				
Case number	19-41287-tjt						
(if known)						Check if this is	
						amended filing	

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

this is an

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	\square You are claiming state and federal nonbar	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)				
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/E	that you claim as exe	empt,	fill in the information below.				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.				
De	ebtor 1 Exemptions Household Goods & Furnishings Line from Schedule A/B: 6.1	\$2,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)			
	Zino nom conocado 792.		☐ 100% of fair market value, up to any applicable statutory limit		1			
	Clothing Line from Schedule A/B: 11.1	\$1,000.00		\$500.00	11 U.S.C. § 522(d)(3)			
	Elle Holli Goriodale 775. TTT			100% of fair market value, up to any applicable statutory limit				
	Jewelry Line from Schedule A/B: 12.1	\$500.00		\$250.00	11 U.S.C. § 522(d)(4)			
	Elle Holli Goriodale 775. Tall			100% of fair market value, up to any applicable statutory limit				
	1-Dog Line from Schedule A/B: 13.1	\$50.00		\$25.00	11 U.S.C. § 522(d)(3)			
	Zino nom conocado 792. ICI			100% of fair market value, up to any applicable statutory limit				
	Checking: Huntington Bank Line from Schedule A/B: 17.2	\$75.00		\$75.00	11 U.S.C. § 522(d)(5)			
	End from Goriodale PVD. TTIE			100% of fair market value, up to any applicable statutory limit				

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 4

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	Federal and state: 2018 Anticipated Tax Refunds (est)	sed \$4,000.00 ■ \$2,000.00		11 U.S.C. § 522(d)(5)		
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3			led on or after the date of adjustmen	nt.)	
	Yes. Did you acquire the property covered No Yes	ed by the exemption with	hin 1	.215 days before you filed this case	?	

Fill in this info	ormation to identify your	case:		
Debtor 1				
	First Name	Middle Name	Last Name	
Debtor 2	Michaelann Boge	ert		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the:	EASTERN DISTRICT O	DF MICHIGAN	
Case number	19-41287-tjt			
(if known)				☐ Check if this is an
				amended filing

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	ur spouse is filing with you.	
	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	i.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
De	ebtor 2 Exemptions Household Goods & Furnishings Line from Schedule A/B: 6.1	\$2,000.00	■	\$1,000.00	11 U.S.C. § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	Clothing Line from Schedule A/B: 11.1	\$1,000.00		\$500.00	11 U.S.C. § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	Jewelry Line from Schedule A/B: 12.1	\$500.00		\$250.00	11 U.S.C. § 522(d)(4)
				100% of fair market value, up to any applicable statutory limit	
	1-Dog Line from Schedule A/B: 13.1	\$50.00		\$25.00	11 U.S.C. § 522(d)(3)
				100% of fair market value, up to any applicable statutory limit	
	Checking: Huntington Bank Line from Schedule A/B: 17.1	\$48.00		\$48.00	11 U.S.C. § 522(d)(5)
				100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 3 of 4

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Federal and state: 2018 Anticipated Tax Refunds (est)	\$4,000.00		\$2,000.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustme	nt.)
	No	ad by the avametice wi	hin 1	24E days before you filed this sees	2
	Yes. Did you acquire the property covere	ed by the exemption wi	ının 1	,215 days before you filed this case	9.7
	☐ Yes				

Fill in this	s information to identify you	ir case.			
Debtor 1					
Depior	Jon Carl Frankl First Name	Middle Name Last Name			
Debtor 2	Michaelann Bog	gert			
(Spouse if, fili		Middle Name Last Name			
United Sta	ates Bankruptcy Court for the	EASTERN DISTRICT OF MICHIGAN			
Case num	ber 19-41287-tjt				
(if known)				☐ Check	if this is an
				amen	ded filing
Official	Form 106D				
	Form 106D				
Sched	lule D: Creditors	Who Have Claims Secure	d by Propert	у	12/15
	copy the Additional Page, fill it	If two married people are filing together, both are ed out, number the entries, and attach it to this form. O			
1. Do any cr	reditors have claims secured by	your property?			
□ No.	. Check this box and submit t	nis form to the court with your other schedules. Y	ou have nothing else t	o report on this form.	
_	s. Fill in all of the information	•	· ·	·	
		Delow.			
	List All Secured Claims		Column A	Column B	Column C
for each cla	im. If more than one creditor has	nore than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2.1 Cre	dit Union ONE	Describe the property that secures the claim:	value of collateral. \$13,500.00	claim \$9,500.00	If any \$4,000.00
	or's Name	2011 Jeep Sport 100,561 miles	Ψ13,300.00	Ψ3,300.00	Ψ+,000.00
		2011 occp oport 100,001 miles			
Attr	n: Bankruptcy	As of the data was file the plains in a			
	East Nine Mile Road	As of the date you file, the claim is: Check all that apply.			
Feri	ndale, MI 48220	☐ Contingent			
Numb	er, Street, City, State & Zip Code	☐ Unliquidated			
		Disputed			
_	s the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1	1 only	☐ An agreement you made (such as mortgage or se car loan)	cured		
Debtor 2	•	,			
_	1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	one of the debtors and another	☐ Judgment lien from a lawsuit			
	if this claim relates to a unity debt	Other (including a right to offset)			
Date debt v	was incurred 2015	Last 4 digits of account number 2530			
		olumn A on this page. Write that number here:	\$13,50	00.00	
	the last page of your form, add t number here:	the dollar value totals from all pages.	\$13,50	00.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

Fill in th	his informa	tion to identify your cas	se:					
Debtor '	1	Jon Carl Franklin						
		First Name	Middle Na	me	Last Name			
Debtor 2	2	Michaelann Bogert						
(Spouse if	, filing)	First Name	Middle Na	ime	Last Name			
United S	States Bank	ruptcy Court for the:E	EASTERN D	ISTRICT OF MIC	CHIGAN			
Case nu	ımher 10	-41287-tjt						
(if known)	13	-41201-tjt		=			По	heck if this is an
							_	mended filing
O((; :	. –	4005/5						
	al Form							
Sche	dule E/F	: Creditors Wh	o Have	Unsecured	l Claims			12/15
left. Attac	the Conting case number		If you have n	o information to re		the Part you need, fill it out, do not file that Part. On the t		
		have priority unsecured c						
_	•	, ,	iaiiis agaiis	t your				
_	No. Go to Part	2.						
D10		· (V - ···· NONDDIODITY I		01-1				
Part 2:		of Your NONPRIORITY						
_	-	have nonpriority unsecure	_	•				
Ц١	No. You have	nothing to report in this part.	. Submit this f	orm to the court with	n your other sche	edules.		
Y	es.							
unse	ecured claim, one creditor l	list the creditor separately fo	or each claim.	For each claim liste	d, identify what t	o holds each claim. If a credit type of claim it is. Do not list cl three nonpriority unsecured o	aims already inc	luded in Part 1. If more
								Total claim
4.1	American	Anesthesiology of M	MI PC	Last 4 digits of ac	count number	5664		\$55.74
		reditor's Name				04/0040		
	PO Box 8	808 <i>7</i> IL 60680-1087		When was the deb	ot incurred?	01/2019		
		et City State Zip Code		As of the date you	file, the claim	is: Check all that apply		
	Who incurre	d the debt? Check one.		-				
	Debtor 1	only		☐ Contingent				
	Debtor 2	only		☐ Unliquidated				
	■ Debtor 1 a	and Debtor 2 only		Disputed				
	_	ne of the debtors and anothe	er	Type of NONPRIO	RITY unsecure	d claim:		
		this claim is for a commu		☐ Student loans				
	debt	subject to offset?	-	Obligations aris		aration agreement or divorce th	at you did not	
	No No	Subject to onset?				ng plans, and other similar deb	's	
	☐ Yes			•	•	.g F Garage Carlot Christian GOD	· -	
	res ∟			Other. Specify	ivicultal			

Debtor Debtor	Jon Carl Franklin Michaelann Bogert		Case number (if known) 19-41287-tjt	
4.2	American mint	Last 4 digits of account number	7066	\$230.00
	Nonpriority Creditor's Name 5020 Louise Dr #300 Mechanicsburg, PA 17055	When was the debt incurred?	2019	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	Other. Specify Consumer	Goods	
4.3	Arbor Professional Solutions	Last 4 digits of account number	6709	\$544.00
	Nonpriority Creditor's Name	- When we do do do to come do	2017	
	Attn: Bankruptcy 2090 South Main Street Ann Arbor, MI 48103	When was the debt incurred?	2017	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Collection Ambulance	Attorney City Of Roseville	
4.4	Beaumont Laboratory	Last 4 digits of account number	8270	\$552.00
	Nonpriority Creditor's Name PO Box 554883 Detroit, MI 48255-4883	When was the debt incurred?	01/2019	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	·	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify Medical		

Debtor Debtor	1 Jon Carl Franklin 2 Michaelann Bogert		Case number (if known) 19-41287-tjt	
4.5	Blue Cross Blue Shield	Last 4 digits of account number	2146	\$167.00
	Nonpriority Creditor's Name P.O. Box 64560 Saint Paul, MN 55164	When was the debt incurred?	01/2019	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical		
4.6	Cabelas Nonpriority Creditor's Name	Last 4 digits of account number	7263	\$4,335.00
	110 Cabelas Blvd. East Dundee, MI 48131	When was the debt incurred?	2019	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Sports Equ	uipment	
4.7	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	0757	\$254.00
	Attn: Bankruptcy Po Box 30285	When was the debt incurred?	2017	
	Salt Lake City, UT 84130 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-shari	ag plans, and other similar debte	
	■ No	- Debts to behision of brout-sharif	ng piano, and other similar debts	

☐ Yes

■ Other. Specify Credit Card

Care Walk In Clinic Name of Ave hip, MI 48036	Last 4 digits of account number	9220	\$120.00
ot Ave			
	When was the debt incurred?	2018	
State Zip Code ebt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	☐ Contingent		
	☐ Unliquidated		
otor 2 only	☐ Disputed		
e debtors and another	Type of NONPRIORITY unsecured	d claim:	
im is for a community	☐ Student loans		
to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	Debts to pension or profit-sharing	g plans, and other similar debts	
	Other. Specify Medical		
	Last 4 digits of account number	2090	\$42.23
	When was the debt incurred?	01/19/19	
State Zip Code	As of the date you file, the claim i	is: Check all that apply	
ebt? Check one.			
	☐ Contingent		
	☐ Unliquidated		
otor 2 only	☐ Disputed		
e debtors and another		d claim:	
	Obligations arising out of a sepa	aration agreement or divorce that you did not	
to offset?	<u></u>		
		g plans, and other similar debts	
	— Other. Specify		
e Namo	Last 4 digits of account number	3822	\$313.00
	When was the debt incurred?	2019	
	As of the date you file, the claim i	is: Check all that apply	
ebt? Check one.			
	☐ Contingent		
	☐ Unliquidated		
otor 2 only	☐ Disputed		
e debtors and another	<u></u>	d claim:	
im is for a community	_		
t to offset?	Obligations arising out of a separeport as priority claims	iration agreement or divorce that you did not	
		g plans, and other similar debts	
	Other Specify Cable		
	btor 2 only the debtors and another thim is for a community that to offset? Be Anesthesia If A8012 State Zip Code Rebt? Check one. State Zip Code Rebt? Check one. State Zip Code Rebt? Check one. By Anesthesia State Zip Code Rebt? Check one. By Anesthesia State Zip Code Rebt? Check one. By Anesthesia State Zip Code Rebt? Check one.	Type of NONPRIORITY unsecured Student loans Obligations arising out of a separe report as priority claims Debts to pension or profit-sharin Other. Specify Medical Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is leaded to a separe report as priority claims Other. Specify Medical Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is leaded to a separe report as priority claims Debts to pension or profit-sharin Other. Specify Medical Last 4 digits of account number Student loans Obligations arising out of a separe report as priority claims Debts to pension or profit-sharin Other. Specify Medical Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is leaded to a separe report as priority claims Contingent Unliquidated Disputed Type of NONPRIORITY unsecured When was the debt incurred? As of the date you file, the claim is leaded to a separe report as priority claims Debts to pension or profit-sharin Contingent Unliquidated Disputed Type of NONPRIORITY unsecured State Zip Code In the debt incurred of the pension of profit sharin Other. Specify Medical	Type of NONPRIORITY unsecured claim: Student loans

Jebu	or 2 Michaelann Bogert		Case number (if known) 19-41287-tjt	
l.1	Diversified Consultants, Inc.	Last 4 digits of account number	9533	\$59.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 551268 Jacksonville, FL 32255	When was the debt incurred?	2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	_	_ Collection	Attorney Charter	
	☐ Yes	Other. Specify Communic	ation	
l.1	Fort Wayne Neurology	Last 4 digits of account number	1925	\$1,359.00
	Nonpriority Creditor's Name 201 W. Wayne Street Fort Wayne, IN 46802 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim	2018	
	Who incurred the debt? Check one.	As of the date you me, the claim	5. Спеск ан тат арру	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
I.1 3	Gander Mountain	Last 4 digits of account number	1786	\$1,762.00
	Nonpriority Creditor's Name P.O. Box 659465	When was the debt incurred?	2019	
	San Antonio, TX 78265-9465 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	THIS INCUITED THE GENT! OHEON OHE.			
	Debter 4 only	По и		
	Debtor 1 only	☐ Contingent		
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed		

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

lacksquare At least one of the debtors and another

Is the claim subject to offset?

 \square Check if this claim is for a community

Type of NONPRIORITY unsecured claim:

■ Other. Specify Camping Gear

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

Debt	or 1 Jon Carl Franklin or 2 Michaelann Bogert		Case number (if known) 19-41287-t	it
	or 2 Michaelann Bogert		- I I I I I I I I I I I I I I I I I I I	,
4.1 4	General Radiology	Last 4 digits of account number	0386	\$175.00
	Nonpriority Creditor's Name PO Box 1108	When was the debt incurred?	2019	
	Ann Arbor, MI 48106 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	_	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
	☐ Yes	Other. Specify Medical		_
4.1				
5	Genfed Federal Credit Union	Last 4 digits of account number	1416	\$2,881.00
	Nonpriority Creditor's Name c/o Bryant Municipal Court 1399 E. High Street	When was the debt incurred?	2009	-
	Bryan, OH 43506 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	· · · · · · · · · · · · · · · · · · ·	one an anatopp,	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Collection		-
4.1	Hanni Fand		E206 4525	£267.00
6	Henry Ford Nonpriority Creditor's Name	Last 4 digits of account number	5296,1525	\$267.00
	P.O. Box 55000 Detroit, MI 48255	When was the debt incurred?	2019	-
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Various Medical Accounts

Michaelann Bogert		Case number (if known) 19-41287-tjt	
Huntington	Last 4 digits of account number	1884	\$1,965.
Nonpriority Creditor's Name Attn: Bankruptcy 3 Cascade Plaza Akron, OH 44308	When was the debt incurred?	2015	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Credit Card	<u> </u>	
I C System Inc	Last 4 digits of account number	6332	\$231
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 64378 St Paul, MN 55164	When was the debt incurred?	2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Collection	Attorney Sprint	
Legacy	Last 4 digits of account number	0414	\$3,000
Nonpriority Creditor's Name PO Box 2677	When was the debt incurred?	2019	
Omaha, NE 68103 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
- DODIOI Z OHIY	Umiquidated		

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Misc.

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Type of NONPRIORITY unsecured claim:

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

2 Michaelann Bogert		Case number (if known) 19-41287-tjt	
Mclaren	Last 4 digits of account number	0001	\$1,291.19
Nonpriority Creditor's Name PO Box 3475 Toledo, OH 43607-0475	When was the debt incurred?	2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	■ Other. Specify Various Ac	counts	
Midwest Center for Dermatology	Last 4 digits of account number	4910	\$143.34
Nonpriority Creditor's Name			4.1010
43900 Garfield #100 Clinton Township, MI 48038	When was the debt incurred?	01/2019	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharir	ng plans, and other similar debts	
■ No □ Yes	Other. Specify Medical	ng piano, and outer offiliar debto	
Ncc Business Svcs Inc		2676	\$1,055.00
Nonpriority Creditor's Name	Last 4 digits of account number	2070	\$1,055.00
9428 Baymeadows Rd. Suite 200 Jacksonville, FL 32256	When was the debt incurred?	2017	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

report as priority claims

Is the claim subject to offset?

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Attorney Winthrop Terrace Bryan/Inves T

Jon Carl Franklin Michaelann Bogert		Case number (if known) 19-41287-tjt	
North Hollywood Billing Center	Last 4 digits of account number	0705	
Nonpriority Creditor's Name PO Box 740512 Cincinnati, OH 45274	When was the debt incurred?	2019	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical		
Receivables Performance Mgmt	Last 4 digits of account number	0922	\$
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1548	When was the debt incurred?	2018	
Lynnwood, WA 98036 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Collection	Attorney Dish	
Regional Trauma Care	Last 4 digits of account number	9200	:
Nonpriority Creditor's Name			
P.O.Box 44047	When was the debt incurred?	2019	

■ Debtor 1 only \square Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans $\hfill\Box$ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Michaelann Bogert		Case number (if known) 19-41287-tjt	
Sherloq Financial	Last 4 digits of account number	8138	\$149
Nonpriority Creditor's Name 700 E. Hammond Rd Suite 300 Traverse City, MI 49686	When was the debt incurred?	06/2018	
Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other Specify Misc		
14715 Farmington Rd Livonia, MI 48154 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim	2018 is: Check all that apply	
Who incurred the debt? Check one.	,		
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Cable		
Sportsmans Guide visa	Last 4 digits of account number	4209	\$2,889
Nonpriority Creditor's Name	When was the debt incurred?	2019	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
The most of the state of the st			
■ Debtor 1 only	☐ Contingent		

☐ Yes

debt

■ No

Official Form 106 E/F

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

Schedule E/F: Creditors Who Have Unsecured Claims

☐ Disputed

☐ Student loans

report as priority claims

Type of NONPRIORITY unsecured claim:

■ Other. Specify Consumer Goods

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Michaelann Bogert		Case number (if known) 19-41287-tjt	
Sprint	Last 4 digits of account number	0414	\$3
Nonpriority Creditor's Name P.O. Box 660075	When was the debt incurred?	2019	
Dallas, TX 75266	When was the dest meaned?	2013	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Phone		
St Joseph Mercy Hospital of Ann Arbor Nonpriority Creditor's Name P Box 776480	Last 4 digits of account number When was the debt incurred?	7312 11/2017	\$1
Chicago, IL 60647-6480 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharir	og plans, and other similar debts	
■ No	■ Other. Specify Medical	g plane, and other omiliar dobte	
Synchrony Bank	Last 4 digits of account number	8805	\$1,2
Nonpriority Creditor's Name	When we the debt in	2014	
Attn: Bankruptcy Po Box 965060	When was the debt incurred?	2014	
Orlando, FL 32896	Ac of the date year file, the claim	is: Check all that apply	
Number Street City State Zip Code	AS OF the date you file, the claim		
	As of the date you file, the claim	s. Oneck an that apply	
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only	Contingent	в. Опеск ан так арру	

■ No ☐ Yes ☐ Disputed

☐ Student loans

report as priority claims

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

 $\hfill\Box$ Check if this claim is for a community

Type of NONPRIORITY unsecured claim:

■ Other. Specify Charge Account

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Jon Carl Franklin Michaelann Bogert		Case number (if known) 19-41287-tjt	
Synchrony Bank/Guitar Center	Last 4 digits of account number	6209	\$1,09
Nonpriority Creditor's Name P.O. Box 960061 Orlando, FL 32896-0061	When was the debt incurred?	2019	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Guitar		
Synchrony Bank/Lowes	Last 4 digits of account number	5614	\$1,5
Nonpriority Creditor's Name			, ,-
Attn: Bankruptcy Dept Po Box 965060	When was the debt incurred?	2017	
Orlando, FL 32896 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	7.5 5. 11.6 44.6 764 11.6, 11.6 5.4.11.	or officer an mar apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Variana Windon		0004	64
Verizon Wireless Nonpriority Creditor's Name	Last 4 digits of account number	0001	\$1
Attn: Verizon Wireless Bankruptcy Admini	When was the debt incurred?	2008	
500 Technology Dr, Ste 550			
Weldon Spring, MO 63304	As of the date you file, the claim	is: Check all that apply	
Number Street City State 7in Code	, to or the date you me, the claim	or onook all triat apply	
Number Street City State Zip Code Who incurred the debt? Check one.			
Who incurred the debt? Check one.	☐ Contingent		
·	☐ Contingent ☐ Unliquidated		

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

☐ At least one of the debtors and another

Is the claim subject to offset?

 \square Check if this claim is for a community

Type of NONPRIORITY unsecured claim:

■ Other. Specify Phone Service

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

Case number (if known)	19-41287-tjt
or in Parts 1 or 2, then list the c	or 2. For example, if a collection agency collection agency here. Similarly, if you do not have additional persons to be
(nat you already listed in Parts 1 or in Parts 1 or 2, then list the c

Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
*Third Party Withholding Unit	Line 4.31 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims				
Michigan Department of Treasury PO Box 30785 Lansing, MI 48909		Part 2: Creditors with Nonpriority Unsecured Claims				
Landing, in 40000	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?				
*Third Party Withholding Unit	Line 4.12 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
Michigan Department of Treasury PO Box 30785 Lansing, MI 48909		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Lansing, iii 40303	Last 4 digits of account number	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?				
41B District Court	Line <u>4.31</u> of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims				
#18-13355T-GC 22308 Starks Dr		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Clinton Township, MI 48036						
,	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2					
Beckman Lawson, LLP	Line 4.12 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
201 W. Wayne Street Fort Wayne, IN 46802		Part 2: Creditors with Nonpriority Unsecured Claims				
1 011 1144110, 111 40002	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?				
Meyer, Njus, Tanick PA	Line 4.31 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
Attorneys at Law 330 2nd Avenue South #350		Part 2: Creditors with Nonpriority Unsecured Claims				
Minneapolis, MN 55401						
	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2	· <u> </u>				
Small Claims Court 1 West Superior Street	Line 4.12 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims				
Fort Wayne, IN 46802		■ Part 2: Creditors with Nonpriority Unsecured Claims				
	Last 4 digits of account number					

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				<u> </u>
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 28,828.83

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 13 of 14

Debtor 1 Jon Carl Franklin Debtor 2 Michaelann Bogert

Case number (if known)

19-41287-tjt

Total Nonpriority. Add lines 6f through 6i.

28,828.83

Fill in this infor	mation to identify your	case:		
Debtor 1	Jon Carl Franklin			
	First Name	Middle Name	Last Name	
Debtor 2	Michaelann Boge	rt		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	DF MICHIGAN	
Case number	19-41287-tjt			
(if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Lincoln Automotive Finance PO Box 542000 Omaha, NE 68154	Leased Vehicle 2018 Ford Echo Sport Monthly Payments \$240.00

	s information to identify your	case:			
Debtor 1	Jon Carl Franklin	Middle Name	Last Name		
Debtor 2	Michaelann Boge		Last Name		
(Spouse if, filin		Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT (OF MICHIGAN		
Case num	ber 19-41287-tjt				
(if known)					Check if this is an amended filing
Sched Codebtors		re also liable for any del			12/15
ill it out, a our name	and number the entries in the eand case number (if known)	boxes on the left. Attac . Answer every question	h the Additional Page t n.	to this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
1. Do	you have any codebtors? (If y	ou are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No					
☐ Yes	5				
	thin the last 8 years, have you na, California, Idaho, Louisiana,				
	. Go to line 3. s. Did your spouse, former spou	ise, or legal equivalent liv	e with you at the time?		
in line Form	e 2 again as a codebtor only it	f that person is a guarar	ntor or cosigner. Make	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The cre Check all schedul	editor to whom you owe the debt es that apply:
2.1				□ Sabadula D. lir	20
3.1	Name			_ ☐ Schedule D, lir ☐ Schedule E/F,	
				☐ Schedule G, lir	
_	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, lir	ne
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	
	Number Street	State	ZIP Code		
	City	State	ZIP Code		

Fill in this information	to identify your case:	
Debtor 1	Jon Carl Franklin	
Debtor 2 (Spouse, if filing)	Michaelann Bogert	
United States Bankrup	ptcy Court for the: EASTERN DISTRICT OF MICHIGAN	
Case number [19]	9-41287-tjt	Check if this is: An amended filing A supplement showing postpetition chapter
Official Form	<u>106l</u>	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job,	F	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Driver	Painting
	Include part-time, seasonal, or self-employed work.	Employer's name	Facilities Solution Corporation	Applied Tech Industries Inc
	Occupation may include student or homemaker, if it applies.	Employer's address	42822 Garfield Road Clinton Township, MI 48038	50271 E. Russell Schmidt Blvd New Baltimore, MI 48051
		How long employed the	here? 6 months	<u> </u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

Debtor 2 or filing spouse		For Debtor 1		
1,602.00	\$	3,813.00	\$	2.
0.00	+\$	745.00	+\$	3.
1,602.00	\$	4,558.00	\$	4.

Case number (if known)

19-41287-tjt

				For	Debtor 1	For Deb	tor 2 or	
	Copy	y line 4 here	4.	\$	4,558.00	\$	1,602.00	
_								-
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,153.00	\$	297.00	-
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	_
	5e.	Insurance	5e.	\$	90.00	\$	0.00	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	_
	5g.	Union dues	5g.	\$_	58.00	\$	0.00	_
	5h.	Other deductions. Specify:	_ 5h.+	- \$	0.00	+ \$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,301.00	\$	297.00	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,257.00	\$	1,305.00	-
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	<u> </u>	0.00	\$	0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ \$	0.00	Ψ \$	0.00	-
	8d.	Unemployment compensation	8d.	\$ 	0.00	\$	0.00	_
	8e.	Social Security	8e.	\$ 	0.00	\$	0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	 \$	0.00	-
	8g.	Pension or retirement income	_ 8g.	\$	0.00	\$	0.00	-
	8h.	Other monthly income. Specify:	8h.+	- \$	0.00	+ \$	0.00	_
			_	_				-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.0	<u>D</u>
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$;	3,257.00 + \$_	1,305.	00 = \$	4,562.00
							_	
11.	Inclu- other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your of friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a cify:	depen	,	,	ed in <i>Sche</i>	dule J. 1. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines				, if it	2. \$	4,562.00
13.	_ `	ou expect an increase or decrease within the year after you file this form?	?				Combine	ned y income
		No.						
		Yes. Explain: Debtor works in waste disposal and tends to wor filing is experiencing massive loss of hours. Debtor operating for about 8 months.						me of

e anne	in this informs	tion to identify ye	0. III 00001						
		tion to identify yo							
Deb	tor 1	Jon Carl Fra	nklin			_	eck if this is		
	tor 2 buse, if filing)	Michaelann I	Bogert					nent show	wing postpetition chapter the following date:
Unite	ed States Bankr	ruptcy Court for the	: EASTE	RN DISTRICT OF MICHIG	AN		MM / DD	/ YYYY	
	e number 19	9-41287-tjt							
		rm 106J							
Be a	as complete a ormation. If m nber (if know		possible.	If two married people are					
Part 1.	t 1: Descr Is this a joir	ibe Your House	hold						
••	□ No. Go to								
	Yes. Doe	s Debtor 2 live i	in a separa	ate household?					
	■ N □ Y	-	st file Officia	al Form 106J-2, <i>Expen</i> ses	for Separate House	ehold of De	ebtor 2.		
2.	Do you have	e dependents?	■ No						
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Deper age	dent's	Does dependent live with you?
	Do not state	the							□ No
	dependents	names.							☐ Yes
									□ No □ Yes
					-				□ No
									Yes
									□ No
3.	expenses o	penses include f people other tl d your depende	han □	No Yes					☐ Yes
exp	imate your ex		our bankru	y Expenses uptcy filing date unless y y is filed. If this is a supp					
the		h assistance an		government assistance if luded it on <i>Schedule I:</i> Y				our exp	enses
4.		or home owners		ses for your residence. In r lot.	nclude first mortgage	e 4.	\$		980.00
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		0.00
		rty, homeowner's	s, or renter'	s insurance		4b.			0.00
	4c. Home	maintenance, re	epair, and u	pkeep expenses		4c.	·		50.00
5		owner's associat		dominium dues our residence, such as hor	me equity loops	4d. 5.	·		0.00
5.	Auditional	nortgage payme	ziito iur yo	rui residende, such as nor	ne equity loans	Э.	Ψ		0.00

Official Form 106J

	n Carl Franklin chaelann Bogert	Case num	ber (if known)	19-41287-tjt
Utilities:				
	ectricity, heat, natural gas	6a.	\$	280.00
6b. Wa	ater, sewer, garbage collection	6b.	\$	160.00
6c. Te	lephone, cell phone, Internet, satellite, and cable services	6c.	\$	260.00
6d. Ot	her. Specify:	6d.	\$	0.00
Food an	d housekeeping supplies		\$	461.00
Childcar	e and children's education costs	8.	\$	0.00
Clothing	, laundry, and dry cleaning	9.	\$	121.00
. Persona	I care products and services	10.	\$	105.00
. Medical	and dental expenses	11.	\$	325.00
	rtation. Include gas, maintenance, bus or train fare.	40	Φ.	350.00
	clude car payments.	12.	·	
	nment, clubs, recreation, newspapers, magazines, and books	13.	\$	67.00
	le contributions and religious donations	14.	\$	0.00
. Insurance	clude insurance deducted from your pay or included in lines 4 or 20.			
	e insurance	15a.	\$	0.00
	alth insurance	15b.	·	0.00
	hicle insurance	15c.		590.00
	her insurance. Specify:	15d.	·	0.00
	o not include taxes deducted from your pay or included in lines 4 or 20.		·	0.00
Specify:	, , ,	16.	\$	0.00
	ent or lease payments:	17a.	¢	450.00
	r payments for Vehicle 1		·	450.00
	r payments for Vehicle 2	17b.	·	287.00
	her. Specify:	17c.	\$ 	0.00
	her. Specify:	17d.	Ф	0.00
	ments of alimony, maintenance, and support that you did not report as d from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
	lyments you make to support others who do not live with you.		\$	0.00
Specify:	, ,	19.	•	
. ,	al property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Yo	our Income.	
20a. Mo	ortgages on other property	20a.	\$	0.00
20b. Re	al estate taxes	20b.	\$	0.00
20c. Pro	operty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Ma	nintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Ho	meowner's association or condominium dues	20e.	\$	0.00
Other: S	pecify: Pet	21.	+\$	75.00
Calculat	e your monthly expenses			
22a. Add	lines 4 through 21.		\$	4,561.00
22b. Cop	y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add	line 22a and 22b. The result is your monthly expenses.		\$	4,561.00
	e your monthly net income.			
	py line 12 (your combined monthly income) from Schedule I.	23a.	·	4,562.00
23b. Co	py your monthly expenses from line 22c above.	23b.	-\$	4,561.00
	btract your monthly expenses from your monthly income. e result is your <i>monthly net income</i> .	23c.	\$	1.00
For examp	expect an increase or decrease in your expenses within the year after yole, do you expect to finish paying for your car loan within the year or do you expect you to the terms of your mortgage?	ur mortgage	payment to incre	
	Explain here: Debtor each have a 3000 a year deductible v			

Fill in this infor				
Debtor 1	Jon Carl Franklin			
	First Name	Middle Name	Last Name	
Debtor 2	Michaelann Boge	rt		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	PF MICHIGAN	
Case number	19-41287-tjt			
(if known)	•			☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone	who is NOT an attorney to help yo	u fill out bankruptcy forms?
■ No		
Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that that they are true and correct. X /s/ Jon Carl Franklin	X <i>[</i> s	/ Michaelann Bogert
Jon Carl Franklin		ichaelann Bogert
Signature of Debtor 1	S	gnature of Debtor 2
Date February 13, 2019	D	ate February 13, 2019

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

=::::::::::::::::::::::::::::::::::::::					
	ormation to identify you				
Debtor 1	Jon Carl Frankli	Middle Name	Last Name		
Debtor 2	Michaelann Bog		Last Hamo		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
Case number	19-41287-tjt				
(if known)				_	Check if this is an amended filing
					-
Official Fo					
Statemen	nt of Financial	Affairs for Indivi	duals Filing for E	Bankruptcy	4/16
			are filing together, both are this form. On the top of an		
	wn). Answer every que		•		
Part 1: Give	Details About Your Ma	arital Status and Where Yo	u Lived Before		
1. What is yo	our current marital statu	is?			
■ Marrie	nd.				
	eu narried				
2 During the	a loot 2 years, have you	lived envelope ether them	where you live new?		
2. During the	e last 3 years, nave you	lived anywhere other than	where you live now?		
□ No					
Yes. L	List all of the places you	ived in the last 3 years. Do r	not include where you live nov	٧.	
Debtor 1	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
23824 Ta		From-To:	Same as Debtor	1	Same as Debtor 1
St Clair	Shores, MI				From-To:
			gal equivalent in a commur evada, New Mexico, Puerto R		
■ No					
_	Make sure vou fill out Sc	hedule H: Your Codebtors (C	Official Form 106H).		
	mano care yea iiii car co.	roudio i ii rodi obdobioro (c			
Part 2 Expl	lain the Sources of You	r Income			
Fill in the to	otal amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including partive together, list it only once up	-time activities.	endar years?
, 	,	,	, ,		
□ No					
■ Yes. F	Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Case number (if known) 19-41287-tjt

				5.14		5.14		
				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco Check all that ap		Gross income (before deductions and exclusions)
			■ Wages, commissions, bonuses, tips	\$2,770.00	■ Wages, common bonuses, tips	nissions,	\$991.00	
				☐ Operating a business		☐ Operating a b	usiness	
	last calen nuary 1 to	dar year: December	31, 2018)	■ Wages, commissions, bonuses, tips	\$36,064.00	■ Wages, common bonuses, tips	nissions,	\$9,278.00
				☐ Operating a business		☐ Operating a b	usiness	
		dar year bei December		■ Wages, commissions, bonuses, tips	\$61,111.00	■ Wages, common bonuses, tips	nissions,	\$14,421.00
				☐ Operating a business		☐ Operating a b	usiness	
	List each		he gross inco	e and you have income that you	_	-		
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.	ome	Gross income (before deductions and exclusions)
Par	t 3: List	Certain Pa	yments You	Made Before You Filed for E	Bankruptcy			
6.	Are either ☐ No.	Neither Deindividual p	ebtor 1 nor D orimarily for a 90 days befo Go to line 7 List below e	s debts primarily consumer bettor 2 has primarily consumer personal, family, or household re you filed for bankruptcy, did a creditor to whom you paid editor. Do not include payment	mer debts. Consumer debted purpose." If you pay any creditor a total at total of \$6,425* or more	il of \$6,425* or more in one or more payn	e? nents and th	ne total amount you
		* Subject	not include	payments to an attorney for the on 4/01/19 and every 3 years	is bankruptcy case.			
	■ Yes.			r both have primarily consulting you filed for bankruptcy, did		al of \$600 or more?		
		□ No.	Go to line 7					
		■ Yes	List below e include payı	each creditor to whom you paid ments for domestic support ob this bankruptcy case.				

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Debtor 2			Cas	se number (if known)	19-41287-tjt
Cre	editor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
PO	ncoln Automotive Finance) Box 542000 naha, NE 68154	November-Januar y Lease Vehicle Payments	\$720.00	\$8,878.00	 □ Mortgage ■ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other
400	edit Union One 0 E. Nine Mile rndale, MI 48220	November-Januar y Vehicle Payments	\$1,350.00	\$13,500.00	 □ Mortgage ■ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other
<i>Insid</i> of w	No	artners; relatives of any ger control, or owner of 20% of	neral partners; partners partners or more of their votin	erships of which you g securities; and ar	u are a general partner; corporations ny managing agent, including one fo
☐ Ine	Yes. List all payments to an insider. ider's Name and Address	Dates of payment	Total amount	Amount you	Reason for this payment
1113	idel 3 Name and Address	bates of payment	paid	still owe	Reason for this payment
insi	nin 1 year before you filed for bankrupt der? ude payments on debts guaranteed or cos No Yes. List all payments to an insider		ments or transfer a	any property on ac	ccount of a debt that benefited an
_	ider's Name and Address	Dates of payment	Total amount	Amount you still owe	Reason for this payment Include creditor's name
Dort 4.	Identify Legal Actions, Repossession	as and Faraslasuras	paid	Sun owe	include creditor's name
List	nin 1 year before you filed for bankrupt all such matters, including personal injury lifications, and contract disputes. No Yes. Fill in the details.	cy, were you a party in ar			
	se title se number	Nature of the case	Court or agency		Status of the case
	chrony Bank v Jon Carl Franklin -13355T-GC	Civil Suit	41-B District C 22380 Starks E Clinton Towns	Prive	□ Pending□ On appeal□ Concluded
Во	rt Wayne Neurology Michaelann gert D09-1802-SC-1925	Civil Suit	Small Claims I 1 West Superio Fort Wayne, IN	or Street	☐ Pending ☐ On appeal ☐ Concluded

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Concluded

Debtor 1 Debtor 2			Case numbe	r (if known)	19-41287-	tjt
	nin 1 year before you filed for bankruck all that apply and fill in the details be		was any of your property repossessed, foreclose	ed, garnisl	hed, attache	d, seized, or levied?
	No. Go to line 11. Yes. Fill in the information below.					
_	editor Name and Address		escribe the Branerty	Date		Value of the
CIE	editor Name and Address		escribe the Property xplain what happened	Date		property
11. Witl	nin 90 davs before vou filed for bank		, did any creditor, including a bank or financial in	nstitution.	set off anv	amounts from vour
	ounts or refuse to make a payment b				,	, , , , , , , , , , , , , , , , , , , ,
	No					
	Yes. Fill in the details.					
Cre	editor Name and Address	D	escribe the action the creditor took	Date a taken	action was	Amount
	rt-appointed receiver, a custodian, c		was any of your property in the possession of an her official?	assignee	e for the ben	efit of creditors, a
	No Yes					
	_					
Part 5:	List Certain Gifts and Contribution	ns				
13. Witl	n <mark>in 2 years before you filed for bank</mark> No	ruptcy,	did you give any gifts with a total value of more	than \$600) per person	?
	Yes. Fill in the details for each gift.					
	ts with a total value of more than \$60 person	00	Describe the gifts	Dates the gi	you gave fts	Value
	rson to Whom You Gave the Gift and dress:	d				
14. Witl	nin 2 years before you filed for bank No	ruptcy,	did you give any gifts or contributions with a to	tal value o	of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or	contribu	ution.			
mo Ch	ts or contributions to charities that ore than \$600 arity's Name dress (Number, Street, City, State and ZIP Coc		Describe what you contributed	Dates contri	you buted	Value
Part 6:	List Certain Losses					
	nin 1 year before you filed for bankru ambling? No Yes. Fill in the details.	uptcy o	r since you filed for bankruptcy, did you lose an	ything be	cause of the	ft, fire, other disaster,
	scribe the property you lost and withe loss occurred	Includ	ribe any insurance coverage for the loss de the amount that insurance has paid. List pending	Date o	of your	Value of property lost
		insura	ance claims on line 33 of Schedule A/B: Property.			
Part 7:	List Certain Payments or Transfer	rs				
con	sulted about seeking bankruptcy or	prepar	did you or anyone else acting on your behalf pay ring a bankruptcy petition? ers, or credit counseling agencies for services requir			rty to anyone you
	No					
	Yes. Fill in the details.					
Ad	rson Who Was Paid dress Iail or website address		Description and value of any property transferred		payment nsfer was	Amount of payment
	rson Who Made the Payment, if Not	You		made		
Official Fo	rm 107 Sta	atement	of Financial Affairs for Individuals Filing for Bankrupto	:y		page 4

	otor 1 otor 2	Jon Carl Franklin Michaelann Bogert				Case n	umber (if I	(nown) 19-4128	7-tjt	
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You		transferred	and v	alue of any prop	erty		Date payment or transfer was made	A	mount of payment
	Law 2384 Dear	o & Associates - The Bankruptcy 3 Joy Road born Heights, MI 48127 blaw@aol.com	Attorney Fe	ees				1/17/19		\$100.00
17.	promi Do no	n 1 year before you filed for bankrupto sed to help you deal with your credito t include any payment or transfer that yo	rs or to make payr				If pay or t	transfer any pro	perty to anyor	ne who
	_ '	es. Fill in the details.								
	Person Who Was Paid Address Description and value of any property transferred Date payment or transfer was made								mount of payment	
18.	 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of include gifts and transfers that you have already listed on this statement. ■ No □ Yes. Fill in the details. Person Who Received Transfer Address Description and value of property transferred 				irs? he granting of a si alue of	Des pay	scribe an	or mortgage on you	our property). D	o not
	Perso	on's relationship to you		paid i			d in exch	d in exchange		
19.	benef	n 10 years before you filed for bankrup iciary? (These are often called asset-pro lo 'es. Fill in the details.		er an	y property to a s	elf-set	ttled trus	or similar devi	ce of which yo	u are a
	Name	e of trust	Description	and v	alue of the prope	erty tra	ansferred		Date Tran	sfer was
					•	·			made	
Par	t 8:	List of Certain Financial Accounts, In	struments, Safe De	posit	Boxes, and Stor	age U	Inits			
20.	sold, include house	n 1 year before you filed for bankrupto moved, or transferred? le checking, savings, money market, o es, pension funds, cooperatives, asso- lo Yes, Fill in the details.	or other financial a	ccour	nts; certificates c	of depo	•	•	•	·
	Name	e of Financial Institution and ess (Number, Street, City, State and ZIP	Last 4 digits of account number			it or	close	account was ed, sold, ed, or ferred		t balance losing or transfer
	Attn P.O.	tington National Bank : Bankruptcy Unit - NE - 08 Box 89424 eland, OH 44101-8539	XXXX-2861		■ Checking □ Savings □ Money Marke □ Brokerage	et	09/2			\$5.00

Debtor 1 Jon Carl Franklin Debtor 2 Michaelann Bogert

Case number (if known) 19-41287-tjt

21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	No								
	☐ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?					
22.	Have you stored property in a storage unit or p	lace other than your home within 1	year before you filed for bankruptcy	?					
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?					
Par	t 9: Identify Property You Hold or Control for	·							
23.	Do you hold or control any property that someofor someone.		ty you borrowed from, are storing for	, or hold in trust					
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value					
Par	t 10: Give Details About Environmental Inform	ation							
For	the purpose of Part 10, the following definitions	apply:							
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul	ir, land, soil, surface water, ground	• • • • • • • • • • • • • • • • • • • •						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	· ·	aw, whether you now own, operate, o	or utilize it or used					
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		waste, hazardous substance, toxic s	substance,					
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of when	they occurred.						
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environme	ental law?					
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any	release of hazardous material?							
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
		,							

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debto Debto			Case number (if known)	19-41287-tjt
26. H	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.			
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Part 1	11: Give Details About Your Business or C	onnections to Any Business		
27. V	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?			
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time			
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)			
	☐ A partner in a partnership			
	☐ An officer, director, or managing executive of a corporation			
	☐ An owner of at least 5% of the voting or equity securities of a corporation			
	No. None of the above applies. Go to Part 12.			
	☐ Yes. Check all that apply above and fill i	n the details below for each business	i.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identif Do not include S	ication number locial Security number or ITIN.
	nstitutions, creditors, or other parties. ■ No □ Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code)	Date Issued		
Part 1	12: Sign Below			
are tru with a 18 U.S	e read the answers on this <i>Statement of Fina</i> ue and correct. I understand that making a fa bankruptcy case can result in fines up to \$ S.C. §§ 152, 1341, 1519, and 3571. On Carl Franklin	alse statement, concealing property,	or obtaining money or	
Jon	Carl Franklin	Michaelann Bogert		
Signa	ature of Debtor 1	Signature of Debtor 2		
Date	February 13, 2019	Date February 13, 2019		
Did yo ■ No □ Yes		nt of Financial Affairs for Individuals F	Filing for Bankruptcy ((Official Form 107)?
■ No				
⊔ Yes	ss. Name of Person Attach the <i>Bankrup</i>	tcy Petition Preparer's Notice, Declaration	on, and Signature (Offici	al Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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